



ARIZONA CHARACTER EDUCATION TRAINING REQUEST

TEACHER IN-SERVICE REQUEST

Please Type or Print Neatly

I. School Information

Contact Name: _____

School Name: _____

School District: _____

Total Number of School Employees: _____

Total Number Attending Training: _____

Address (Physical): _____

Address (Mailing): _____

Telephone: _____ Fax: _____

E-mail: _____

Date Requested: _____

1st Preference: _____ 2nd Preference: _____ 3rd Preference: _____

Time Requested: _____

Is the training at the School? Yes _____ No _____

Have you had a CHARACTER COUNTS!sm training before? Yes _____ No _____

Total number of students: _____

Student age/group breakout: _____

Does your school/organization currently have a character education program? Yes _____ No _____

If yes, please state curriculum or program:

What are your expectations/what do you hope to accomplish with this training?

Are there any materials that you would like to see presented at this presentation?

Has anyone at your school attended/graduated from a 3-Day Character Education Seminar?

Yes _____ No _____

If yes, when? _____

Who? _____

Has anyone at your school attended a 1-Day Character Education Conference?

Yes _____ No _____

If yes, when? _____ Who? _____

Do you have a screen and projector available for a PowerPoint presentation? Yes _____ No _____

Please send this request to:

Arizona Department of Education
 Character Education and Development
 1535 West Jefferson Street, Bin #18
 Phoenix, AZ 85007
 602-542-1755
 602-542-5440 fax
Charactered@ade.az.gov

Department Use Only

Date Received: _____ Received By: _____

Date Called: _____ Called By: _____

Date Trained: _____ Trained By: _____